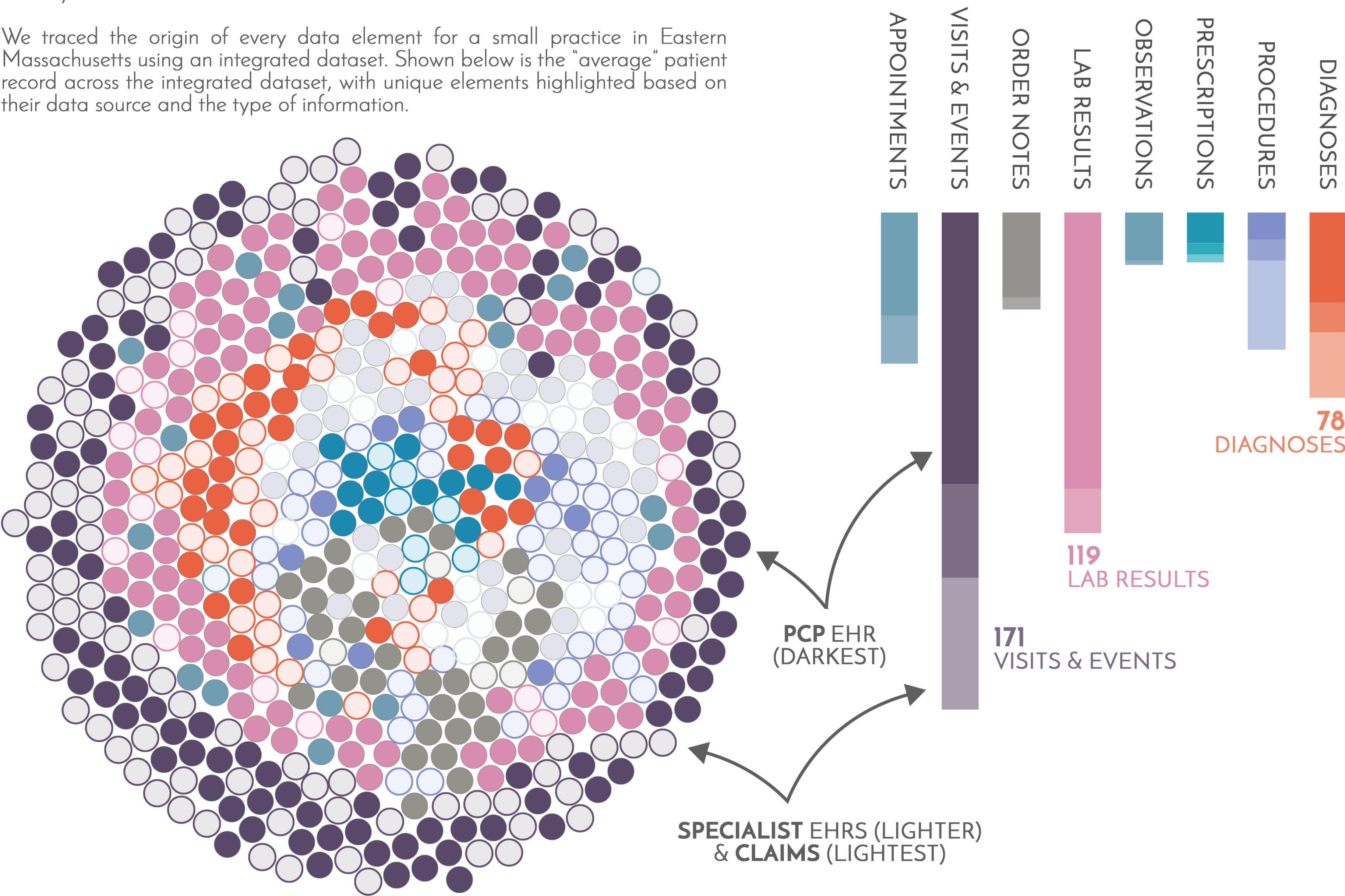# Patient data profiles
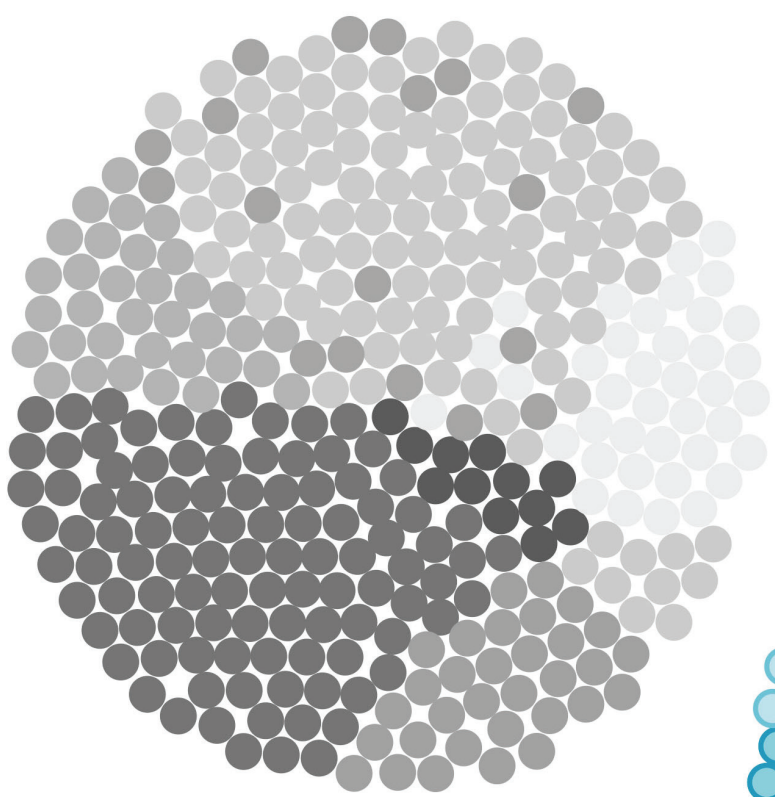
A wealth of data for a single patient

MINING MULTIPLE SOURCES FOR PATIENT DATA

Effective care management relies on a complete patient profile. Unfortunately, for the complex patient, this information may be scattered across multiple sources, including the Primary Care Provider's EHR, specialists' and former providers' EHR's, and claims data. So how much of the patient profile actually resides in the Primary Care EHR?

We traced the origin of every data element for a small practice in Eastern Massachusetts using an integrated dataset. Shown below is the "average" patient record across the integrated dataset, with unique elements highlighted based on their data source and the type of information.

APPOINTMENTS · VISITS & EVENTS · ORDER NOTES · LAB RESULTS · OBSERVATIONS · PRESCRIPTIONS · PROCEDURES · DIAGNOSES

78 DIAGNOSES

119 LAB RESULTS

171 VISITS & EVENTS

PCP EHR (DARKEST)

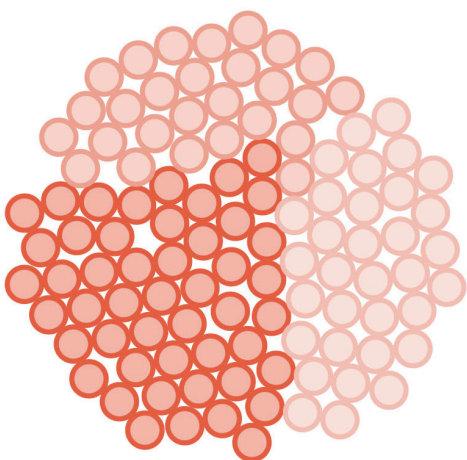**SPECIALIST** EHRS (LIGHTER) & **CLAIMS** (LIGHTEST)

AN EXPANDED LOOK

PRIMARY CARE PROVIDER EHR

Makes up about ½ of a patient's full record in the practice examined. To the right, gray highlight delineates data points originating from a primary EHR.

OTHER EHRS

Accounts for 1/4 of a patient's unique data points in the practice examined.

PAID CLAIMS

Makes up 1/4 of a patient's unique data points in the practice examined.

A forty-three year-old mother of three, Mary frequently sees her doctor in her suburban Massachussets hometown. She also seen 30 other doctors and specialists over the years. Mary manages a relatively active lifestyle, going to the gym and walking frequently. Though Mary was employed four years ago, she now remains at home. She has been hospitalized twice at the Emergency Department for migraines, and otherwise visits the clinic about once per month for the past nine years, rarely missing her appointments.

In the past few years, Mary has struggled with a number of conditions, including bipolar disorder unspecified and type I, migraines, dizziness cardiac murmus, shortness of breath, esophogeal reflux, muscle weakness, chest pain , abdominal pain, pain in joints, flatulence, neuropathy, and hypothroidism, hyperlipidemia, insomnia, and depressive disorder, anemia, and high risk pregnancy, and osteoarthrosis, mastodynia, irritable bowel syndrome.

Mary has taken a number of drugs to treat her conditions. Mood stabilizers like lamotrigine, oxcarbazepine, quetiapine, olanzapine, clonazepam, lurasidone, palperidone, asenapine, and lorzepam, trazodone and citalopram as antidepressants, and zolpidem for insomnia. To treat IBS GERD and GI issues, she has taken linaclotide, famotidine, pantoprazole, and lubiprostone. Cyclobenzaprine has been prescribed for muscle pain, levothyroxine for hypothyroidism, and a number of other drugs for infections.

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